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**SPRING GROVE HOSPITAL CENTER- PSYCHOLOGY INTERNSHIP PROGRAM**  
*Internship Training Year 2012-2013*

**SUPPLEMENTAL APPLICATION FORM**

Please complete this form and upload to the AAPI Online Supplemental Section by **November 1, 2011**

**PLEASE PROVIDE THE FOLLOWING INFORMATION AS IT RELATES TO PRACTICUM EXPERIENCE YOU HAVE HAD WITH SERIOUSLY MENTALLY ILL (SMI) CLIENTS / PATIENTS** (as completed by the application deadline):

- I HAVE NOT HAD ANY PRACTICUM EXPERIENCE WITH A SMI POPULATION (check) \_\_\_\_\_
- I HAVE HAD PRACTICUM EXPERIENCE WITH A SMI POPULATION (check and complete) \_\_\_\_\_
  - **APPROXIMATE NO.** SMI CLIENTS/ PATIENTS PROVIDED SERVICES FOR \_\_\_\_\_
  - **TYPES OF SETTINGS** (e.g., Inpatient Psychiatric Hospital, Outpatient Clinic, etc.):  
 \_\_\_\_\_
  - **TYPES OF AXIS I DIAGNOSES** (e.g., Schizophrenia, Schizoaffective Dx. Bipolar Dx, etc.):  
 \_\_\_\_\_
  - **TYPES OF INTERVENTIONS USED** (e.g., Individual, Group Counseling, Educational Groups, etc.)  
 \_\_\_\_\_
  - **TYPES OF ASSESSMENTS COMPLETED** (psychological testing, educational testing, forensic evaluation, neuropsychological etc.):  
 \_\_\_\_\_

- ANY COMMENTS YOU WISH TO MAKE REGARDING PRACTICUM WITH SMI POPULATION?

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NAME : \_\_\_\_\_

***PLEASE PROVIDE INFORMATION ABOUT ANY ANTICIPATED PRACTICUM YOU HAVE PLANNED, SPECIFICALLY AS IT RELATES TO ANTICIPATED EXPERIENCE WITH SERIOUSLY MENTALLY ILL (SMI) CLIENTS / PATIENTS (if unsure, mark N/A):***

- I DO NOT HAVE AN ANTICIPATED PRACTICUM WITH SMI POPULATION (check) \_\_\_\_\_
- I DO HAVE AN ANTICIPATED PRACTICUM WITH SMI POPULATION (check and complete) \_\_\_\_\_
  - **TYPES OF SETTING ANTICIPATED** (e.g., Inpatient Psychiatric Hospital, Outpatient Clinic, etc.):  
\_\_\_\_\_
  - **TYPES OF INTERVENTIONS ANTICIPATED** (e.g., Individual, Group Counseling, Educational Groups, etc.)  
\_\_\_\_\_
  - **TYPES OF ASSESSMENTS ANTICIPATED** (psychological testing, educational testing, forensic evaluation, neuropsychological evaluations, etc.):  
\_\_\_\_\_
- ANY COMMENTS YOU WISH TO MAKE REGARDING ANTICIPATED PRACTICUM WITH SMI POPULATION?

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***PLEASE PROVIDE INFORMATION ABOUT ANY RELEVANT VOLUNTEER WORK YOU HAVE ENGAGED IN:***

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**INTERVIEW DATE PREFERENCE FORM**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Below, please rank all of the possible interview dates from ***1 = most preferred to 3 = least preferred***. If you are ***absolutely unable*** to attend on one of the dates, cross through the date(s) and rank-order the remaining dates. While we will make every effort to accommodate candidates' requests, we cannot guarantee that you will receive your first choice of date. In addition, should you need to change your date, we cannot guarantee that there will be an available opening on another day.

If selected, the interview process will require your presence from **about 8:00 a.m. to 2:00 p.m. on the appointed day**. The process includes a formal, structured interview with two staff psychologists, interview with Training Director, a Writing Sample, informal time with one of the current interns and a Hospital Tour. Both a continental breakfast and lunch will be included.

**Interview Dates: Rank Below - 1 = Most Preferred to 3 = Least Preferred**

\_\_\_\_\_ December 12, 2011 (Monday)

\_\_\_\_\_ December 14, 2011 (Wednesday)

\_\_\_\_\_ December 19, 2011 (Monday)

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*Spring Grove Hospital Center, as an agency of the Maryland Department of Health and Mental Hygiene (DHMH,) prohibits discrimination on the basis of race, color, sex, national origin, religion or belief, marital status, sexual orientation, genetic testing, political affiliation, and mental and/or physical disability in the operation and administration of its services, facilities, programs, benefits, and employment opportunities.*

*The Department of Psychology does not discriminate on the basis of any factor that is irrelevant to the successful completion of internship training. All qualified applicants from qualified programs are considered.*